



# TOWN OF SMITHTOWN

## Personnel Department

Eileen K. Tropea, Town Personnel Officer

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### APPLICATION FOR PART-TIME EMPLOYMENT

POSITION APPLIED FOR: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

#### 1. NAME AND RESIDENCE:

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_ ZIP \_\_\_\_\_

DAYTIME PHONE NUMBER \_\_\_\_\_ CELL PHONE NUMBER \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

2. ARE YOU AT LEAST 18 YEARS OF AGE? \_\_\_\_ YES \_\_\_\_ NO

3. ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? \_\_\_\_ YES \_\_\_\_ NO  
(PROOF OF ELIGIBILITY WILL BE REQUIRED PRIOR TO COMMENCEMENT OF EMPLOYMENT)

#### 4. EDUCATIONAL BACKGROUND

a) DID YOU GRADUATE FROM HIGH SCHOOL? \_\_\_\_ YES \_\_\_\_ NO IF NOT, GIVE HIGHEST GRADE COMPLETED \_\_\_\_\_

NAME AND ADDRESS OF HIGH SCHOOL ATTENDED \_\_\_\_\_

b) IF YOU HAVE A HIGH SCHOOL EQUIVALENCY DIPLOMA, INDICATE:

ISSUING AUTHORITY \_\_\_\_\_

DATE OF ISSUE \_\_\_\_\_

c) COLLEGE, UNIVERSITY, PROFESSIONAL OR TECHNICAL SCHOOL (USE ADDITIONAL PAPER IF NEEDED)

NAME OF INSTITUTION \_\_\_\_\_

LOCATION \_\_\_\_\_ DATES ATTENDED FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CREDITS EARNED \_\_\_\_\_ DEGREE EARNED \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF INSTITUTION \_\_\_\_\_

LOCATION \_\_\_\_\_ DATES ATTENDED FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CREDITS EARNED \_\_\_\_\_ DEGREE EARNED \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF INSTITUTION \_\_\_\_\_

LOCATION \_\_\_\_\_ DATES ATTENDED FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CREDITS EARNED \_\_\_\_\_ DEGREE EARNED \_\_\_\_\_ DATE: \_\_\_\_\_

**5. LICENSES: IF A LICENSE, CERTIFICATE OR OTHER AUTHORIZATION TO PRACTICE A TRADE OR PROFESSION IS A REQUIREMENT FOR THE POSITION FOR WHICH YOU ARE APPLYING, COMPLETE THE FOLLOWING:**

NAME OF TRADE/PROFESSION: \_\_\_\_\_ LICENSE # \_\_\_\_\_

LICENSING AGENCY: \_\_\_\_\_ SPECIALTY \_\_\_\_\_

DATE LICENSE FIRST ISSUED: \_\_\_\_\_ REGISTERED FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**6. HAVE YOU PREVIOUSLY WORKED FOR THE TOWN OF SMITHTOWN** \_\_\_\_YES \_\_\_\_NO  
IF YES, PLEASE GIVE DATES: \_\_\_\_\_

**7. DO YOU HAVE A VALID NEW YORK STATE DRIVER'S LICENSE?** \_\_\_\_ YES \_\_\_\_ NO \_\_\_\_ CLASS  
IF YES, PLEASE LIST LICENSE NUMBER \_\_\_\_\_

**8. EXPERIENCE - EMPLOYMENT HISTORY**

PLEASE LIST IN DETAIL ALL EMPLOYMENT FOR THE PAST TEN YEARS: (LIST MOST RECENT EXPERIENCE FIRST)

LENGTH OF EMPLOYMENT FROM \_\_\_\_\_ TO \_\_\_\_\_

NAME AND ADDRESS OF FIRM \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_ ANNUAL SALARY \$ \_\_\_\_\_ # HRS. WORKED PER WEEK \_\_\_\_\_

YOUR EXACT TITLE \_\_\_\_\_ DUTIES \_\_\_\_\_

NAME OF YOUR SUPERVISOR \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

LENGTH OF EMPLOYMENT FROM \_\_\_\_\_ TO \_\_\_\_\_

NAME AND ADDRESS OF FIRM \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_ ANNUAL SALARY \$ \_\_\_\_\_ # HRS. WORKED PER WEEK \_\_\_\_\_

YOUR EXACT TITLE \_\_\_\_\_ DUTIES \_\_\_\_\_

NAME OF YOUR SUPERVISOR \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

**9. DAYS AVAILABLE TO WORK :** \_\_\_\_\_

HOURS AVAILABLE TO WORK : \_\_\_\_\_

**10. COMPUTER EXPERIENCE :** WINDOWS \_\_\_\_\_ EXCEL \_\_\_\_\_ OUTLOOK \_\_\_\_\_ OTHER \_\_\_\_\_

**ADDITIONAL CLERICAL SKILLS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**11. DO YOU NEED SPECIAL ACCOMMODATIONS TO PERFORM THE DUTIES OF THIS POSITION?**

\_\_\_\_\_ YES \_\_\_\_\_ NO IF YES, PLEASE DESCRIBE THE TYPE OF ASSISTANCE YOU REQUIRE.

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**12 a. HAVE YOU EVER BEEN CONVICTED OF ANY CRIME (FELONY OR MISDEMEANOR)? \_\_\_\_ YES \_\_\_\_ NO**

- b. HAVE YOU EVER FORFEITED BAIL BOND POSTED TO GUARANTEE YOUR APPEARANCE IN COURT TO ANSWER TO ANY CRIMINAL CHARGE? \_\_\_\_ YES \_\_\_\_ NO
- c. WERE YOU EVER DISMISSED OR DISCHARGED FROM ANY EMPLOYMENT FOR REASONS OTHER THAN LACK OF WORK OR FUNDS? \_\_\_\_ YES \_\_\_\_ NO
- d. DID YOU EVER RESIGN FROM ANY EMPLOYMENT RATHER THAN FACE DISMISSAL? \_\_\_\_ YES \_\_\_\_ NO
- e. DID YOU EVER RECEIVE A DISCHARGE FROM THE ARMED FORCES OF THE UNITED STATES WHICH WAS ISSUED UNDER OTHER THAN HONORABLE CIRCUMSTANCES? \_\_\_\_ YES \_\_\_\_ NO

**IF YOU ANSWERED YES TO ANY PART OF QUESTION 12 YOU MUST GIVE SPECIFICS BELOW:**

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**AFFIRMATION**

I DECLARE, SUBJECT TO THE PENALTIES OF PERJURY, THAT THE STATEMENTS MADE IN THIS APPLICATION (INCLUDING STATEMENTS MADE IN ANY ACCOMPANYING PAPERS) HAVE BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF ARE TRUE AND CORRECT. I FURTHER REQUEST AND AUTHORIZE ANY FORMER OR PRESENT EMPLOYER, MILITARY RECORDS CENTER, POLICE, PAROLE AND PROBATION AGENCIES AND FORMER SCHOOL TO PROVIDE TO THE TOWN OF SMITHTOWN ANY AND ALL INFORMATION INCLUDING, BUT NOT LIMITED TO, INFORMATION AS TO MY CHARACTER, HABITS, WORK ABILITY AND/OR EDUCATION. IN CONSIDERATION OF COMPLIANCE WITH THIS REQUEST, I HEREBY RELEASE AND DISCHARGE SAID INSTITUTIONS FROM ANY CLAIMS, LIABILITIES OR DAMAGES.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

STATE FORMER NAME(S) BY WHICH YOU HAVE BEEN KNOWN: \_\_\_\_\_

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THE TOWN OF SMITHTOWN DOES NOT DISCRIMINATE AGAINST ANY APPLICANT BECAUSE OF RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, AGE, MARITAL STATUS OR SEXUAL PREFERENCE.